## L23000166926

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
ertified Copies Certificates of Status				
Special Instructions to Filing Officer:				

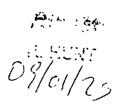
Office Use Only



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## **COVER LETTER**

Γ <b>O:</b> Regist *Divisi	tration Section on of Corporations	·
SUBJECT: _	COHEN'S	EXPRESS C S L L C Name of Limited Liability Company
		,
Dear Sir or M	adam:	
The enclosed	Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.
Please return a	all correspondence concerr	ning this matter to the following:
Gres	ON COHER	7
-	Name of Person	
cohens e	EXPres) (5 Firm/Company	LLC
<u> 32<b>9</b>5</u>	5 John Yo Address	ung PKny unit 1037
K155.0	NMEE FL City/State and Zip C	34746 Code
<u>COPON</u> E-mail a	5 @ COEXPresses ddress: (to be used for futu	ire annual report notification)
For further inf	formation concerning this	matter, please call:
Grego 1	Name of Person	at ( <u>407</u> ) <u>338 - 444 37</u> Area Code & Daytime Telephone Number
Regisi Divisi Clifto 2661	EET/COURIER ADDREST tration Section ion of Corporations in Building Executive Center Circle massee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclo	sed is a check for the foll	lowing amount:
<b>G</b> \$25	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy

DIVISION OF BURECHALD

NHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company ubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3275 S John young Pkuy unit Kissimmer FL 34746	3001 Louret Run Ln BHFF11 20 Kissimner FL 74741
OH/4/2023 Date of filing/registration in Florida 4.	L23000166926  Document number
Cocos Cohen  Registered Agent and Registered Office shown on the records of the Florid  700   LAurel Run Ln  Registered Office Address (MUST BE FLORIDA STREET ADDRESS  1144   14206   FL 347	<u>SS)</u>
Enter name of NEW Registered Agent and/or NEW Registered Office at 1901 4th 5t N 5tc 300  NEW Registered Office Address:	MINISTON SEP - 1 PM
54. Petersburg	e State of Florida, it is hereby confirmed that after distered office and the business office of the registered
Ill be identical. Or, in the case of a Florida limited liability of	company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed a merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been potified in writing of this change.

6 0000

Signature of Registered Agent